



# Enrollment Form

**CEDARBROOK**

MONTESSORI SCHOOL

## OUR VISION

**“...the child is not an inert being who owes everything he can do to us ....it is the child who makes the man, and no man exists who was not made by the child they once was.” (The Absorbent Mind, Maria Montessori, Clio Press 1992)**

**At Kinderbrook Montessori School, every child is special. We believe that the child is involved in their own self-regulation, and we adopt the doctrine of Montessori: Follow the child.**

**Kinderbrook challenges the children through the unique child-centered approach, reflecting the authentic Montessori philosophy to create a natural learning environment for students to grow into enthusiastic and curious learners with a keen appreciation for integrity, grace, and respect for one another.**



+1 905 556 2763



cedarbrookmontessori.com



Ajax, Canada



**For Office Use Only**

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Please use (DD/MM/YYYY)

Age group placement at time of enrollment:

Toddler  
(1.5 to 2.5 years)Preschool  
(2.5 to 6 years)

Hours of care:

Monday	Tuesday	Wednesday	Thursday	Friday

## Child Information

Full legal name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(DD/MM/YYYY)Age: \_\_\_\_\_  
(Years, months)Home Address: \_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Other children in the family enrolled in the centre (list names, if applicable):  
\_\_\_\_\_

## Parents Information

Marital Status:  Married  Divorced  Separated  Single

Mother / Guardian Full name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

 Same as Child

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_



Marital Status:  Married  Divorced  Separated  Single

Father / Guardian Full name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Same as Child

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

### ➔ Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child?  
If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Custodial parent(s) name(s): \_\_\_\_\_

Name(s) of individuals prohibited from accessing/picking up your child:

\_\_\_\_\_





## Emergency Contact Information

Please provide as much information possible in case of an emergency and alternate contacts are not available while your child is on school campus or on excursions away from school campus

Contact 1:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Contact 2:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

## Pick-up And Release Information

This information of people/person, other than parents has your authorization and permission to pick up your child from the classroom. As a safety precaution, photo Identification is required upon pick-up for your child to be released from the classroom.

Contact 1:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Contact 2:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_



+1 905 556 2763



cedarbrookmontessori.com



Ajax, Canada





## Health Information

Child's Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Order: \_\_\_\_\_ child in the family  
(DD/MM/YYYY) (1st, 2nd, .....)

Health Card #: \_\_\_\_\_

Doctor's Full name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

## Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

Yes

No

If yes, please provide relevant details including what your child is allergic to symptoms of a reaction and treatment required: \_\_\_\_\_

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

Yes

No

If yes, please provide relevant details including what your child is allergic to symptoms of a reaction and treatment required: \_\_\_\_\_





## ➤ Dietary and Feeding Arrangements

Does your child have any special feeding arrangements (e.g., no sippy cups, mashed/pureed food)?

 Yes

 No

If yes, please provide relevant details: \_\_\_\_\_

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

 Yes

 No

If yes, please provide relevant details: \_\_\_\_\_

## ➤ Additional Information

Please provide any special medical or additional information about your child that could be helpful (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

---



---



---

## ➤ Physical Requirements

Does your child use diapers?  Yes  No

If no, my child:

Uses the washroom independently  Requires some assistance  Requires full support

Please provide information on your Child's diaper routine: \_\_\_\_\_

---

Does your child require any additional support or accommodation with respect to physical activity?

 Yes

 No

If yes, please provide relevant details: \_\_\_\_\_

---





## → Sleep Arrangements

How many naps does your child typically have each day? \_\_\_\_\_

At what times does your child typically nap? \_\_\_\_\_

How long does your child usually nap? \_\_\_\_\_

Does your child have any special sleep requirements (e.g., specific comfort item, soother)?

---



---

## → Health

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below (see Appendix B for common communicable diseases from Health Canada):

---



---



---

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

Yes  No

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

## → Appendix B: List of Reportable Diseases

Acquired immunodeficiency syndrome (AIDS), Chancroid, Chlamydia trachomatis infections, Creutzfeldt-Jakob disease (all types), Cytomegalovirus infection (congenital), Influenza, Encephalitis, Gonorrhoea, Hemorrhagic fevers, Hepatitis B, Hepatitis C, Legionellosis, Leprosy, Meningitis (acute), Ophthalmia neonatorum, Personal service settings, Respiratory infections, including institutional outbreaks, Severe acute respiratory syndrome (SARS), Streptococcal infections, Syphilis, Tuberculosis.



+1 905 556 2763



cedarbrookmontessori.com



Ajax, Canada





## Authorization for Non-Prescription Skin Products

Child's Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

By Initializing, I hereby acknowledge that the following non-prescription items may be applied to my child in accordance with the manufacturer's instructions on the original container:

Please Initial	Product
	Sunscreen
	Lotions
	Diaper Cream/Ointment
	Insect Repellent
	Other:
	Other:

### Note:

Please note that all non-prescription items listed above are provided by parents to the school. The school will not apply any product that is not initiated on this page. There must be visible expiry dates on the bottles

By Initializing, I hereby acknowledge that Hand Sanitizer may be applied to my child in accordance with the manufacturer's instructions on the original container:

Please Initial	Product
	Hand sanitizer provided by the school

Parent / Guardian name: \_\_\_\_\_ Date #: \_\_\_\_\_  
(DD/MM/YYYY)

Parent / Guardian signature: \_\_\_\_\_



+1 905 556 2763



cedarbrookmontessori.com



Ajax, Canada





## Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record, please complete the chart below.

If you have chosen not to immunize your child, a **Statement of Medical Exemption form** or a **Statement of Conscious or Religious Belief form** must be completed and provided to the centre. These forms are available on the Ministry of Education's website

Vaccine (Age Usually Given)	Date(s) of Immunization			
DTaP-IPV-Hib (2 mos, 4 mos, 6 mos, 18 mos) Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b				
Pneu-C-13 (2 mos, 4 mos) Pneumococcal Conjugate 13				
Rot-1 (2 mos, 4 mos) Rotavirus				
Men-C-C (12 mos) Meningococcal Conjugate C				
MMR (12 mos) Measles, Mumps, Rubella				
Var (15 mos) Varicella				
MMRV (4-6 years) Measles, Mumps, Rubella, Varicella				
Tdap-IPV (4-6 years) Tetanus, diphtheria, pertussis, Polio				
Inf (every year in the fall) Influenza				
Other (please specify)				





## Medical Waiver

I, (name) \_\_\_\_\_ parent / guardian of (child's name) \_\_\_\_\_ give my permission that in case of an emergency, if I or my spouse is not immediately available, give the staff of Cedarbrook Montessori and all persons connected with the school to act on my behalf in case of an emergency to arrange transportation, either by taxi, school vehicle or ambulance to seek medical attention by a nurse or doctor to administer the required emergency treatment. Medical treatment may be given to (child's name) \_\_\_\_\_ at any time required due to accident, illness or other emergencies. I also agree to release and indemnify Kinderbrook Montessori, its staff and Board of Directors from any claims as a result of any accidents, illness and injury for any other reason from participation in any school activities.

## Authorization on Publicity, Photograph and Videography

I, (name) \_\_\_\_\_ parent / guardian of (child's name) \_\_\_\_\_ give my permission to allow my child's photograph/videography to be used for school purposes and events only arranged by Cedarbrook Montessori. The photos/ videos will be used to promote the school in various media campaigns throughout the school year. Example: newspaper, radio, television, slide presentations, newsletters, lillio and other publications (such as social media and etc.).

## Permission For School Outings

I, (name) \_\_\_\_\_ parent / guardian of (child's name) \_\_\_\_\_ give my permission to participate and travel to and from all out-of-school events during the school year. If my child does not want to attend for health or other reasons, my child will remain at home during the time session of the outing. Children are welcome to attend the afternoon session once all children in the class have returned.

## Peanut Free Policy

I, (name) \_\_\_\_\_ parent / guardian of (child's name) \_\_\_\_\_ will ensure that food and snack brought from home will be absolutely nut and peanut free as Cedarbrook Montessori is a nut free facility.





## Uniform Policy

I, (name) \_\_\_\_\_ parent / guardian of  
(child's name) \_\_\_\_\_ will ensure that school uniform is a must and understand that uniform policy is to reinforce a sense of self-pride in students's personal hygiene and appearance, I understand uniform is to be worn during school hours and at all school functions, unless otherwise directed by the faculty or administration and Custom T shirts will become available for purchase for summer camps and school trips which must be purchased from school or as directed by the faculty.

Parent / Guardian name: \_\_\_\_\_ Date #: \_\_\_\_\_  
(DD/MM/YYYY)

Parent / Guardian signature: \_\_\_\_\_

## Acknowledgement

I, (name) \_\_\_\_\_ parent / guardian of  
(child's name) \_\_\_\_\_ have reviewed and understand all the terms stated on the Parent Handbook of Cedarbrook Montessori School.

I, (name) \_\_\_\_\_ parent / guardian of  
(child's name) \_\_\_\_\_ have reviewed and understand all the Policies and Procedures of Cedarbrook Montessori School.

I hereby declare that I will uphold and adhere to the terms and policies of Cedarbrook Montessori School at all times. By signing below, you are agreeing to the terms of the above policy. The policy may be changed at any time.

Parent / Guardian name: \_\_\_\_\_ Date #: \_\_\_\_\_  
(DD/MM/YYYY)

Parent / Guardian signature: \_\_\_\_\_

## OFFICE USE ONLY

Last month deposit \_\_\_\_\_ received

Supervisor signature: \_\_\_\_\_ Date #: \_\_\_\_\_  
(DD/MM/YYYY)

